

OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET							ORI NO. NM0260100		INCIDENT NO. 15-008195		STN# 1		PRIMAR YES															
ON		OR		BETWEEN				AGENCY SANTA FE PD							GEOGR. CODE 01075		CASE NUMBER 15-008195		BURGLAR FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO. OF UNITS ENT.															
MM/DD/YY 09/08/2015		MM/DD/YY		MM/DD/YY 09/08/2015		ADDRESS / LOCATION OF INCIDENT CERRILLOS RD. AND CAMINO CARLOS R							CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HATE / BIAS MOT. CODE															
TIME 10:56		DAY OF WEEK TUE		TIME 11:30		DAY OF WEEK TUE		OFFENSE / INCIDENT 1 WARRANT SERVICE							STATUTE OR ORDINANCE SFPD-03		FEL/ MISD. M		ATTEMPTED/ COMPLETED C		UCR OFFENSE CODE 90Z		DOM. VIOL. NO		SEX CRIME? NO		CHILD NO		CRIMINAL ACTIVITY CODE		LOCAT. CODE 13		WEAPON CODE UP TO 3 PER OFFENSE 99		OFFENDER(S) SUSPECTED OF USING ALCOH. DRUG COMP NO NO NO	
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE		W-WHITE O-OTHER U-UNKNOWN												
PERO N CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) REANO ANTHONY P																														
STREET ADDRESS COCHITI ST #2								APT. NO.		CITY SN DOMINGO PUEB								CTY. 01		STATE NM		ZIP 87052-0000														
RES. PHONE (505) 316-8176				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX M		RACE WHT BLK ASIA IND UNK																
HEIGHT 5' 08"		WEIGHT 155 LBS		HAIR		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.												
PERO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																														
STREET ADDRESS								APT. NO.		CITY								CTY.		STATE		ZIP														
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX		RACE WHT BLK ASIA IND UNK																
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.												
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE																
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																		
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE																
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																		
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR														
VALUE / DAMAGE EST.																																				
SYNOPSIS ON TUESDAY 09-08-15 ANTHONY REANO WAS ARRESTED FOR A MUNICIPAL COURT WARRANT FOR FAILURE TO APPEAR WARRANT # MI20150000428. NO MINOR CHILDREN WERE UNDER THE CARE OF MR. REANO. HE WAS BOOKED INTO ADC WITH A \$500 CASH BOND.																																				
CERT./STATUS		I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X				DATE																						
REPORTING OFFICER (PRINT) NIETO, JOSEPH						RANK POIV		I.D. NO. 3679		DATE 09/08/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO						I.D. NO.		DATE																
ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE														
APPROVING OFFICER (PRINT)						RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CLA. <input checked="" type="checkbox"/> CLE. <input type="checkbox"/>				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRACTION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE														
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)												CASES CLEARED BY THIS ARREST CASE NO.				CASE NO.				CASE NO.																

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-013105		STN# 04		PRIMAR YES																									
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-013105		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																									
MM/DD/YY 09/03/2015		MM/DD/YY 09/03/2015		MM/DD/YY 09/03/2015		ADDRESS / LOCATION OF INCIDENT JAGUAR DRIVE/PASEO DEL SOL				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00																							
TIME 16:00		DAY OF WEEK THU		TIME 16:30		DAY OF WEEK THU		TIME 16:00		DAY OF WEEK THU		ADDRESS / LOCATION OF INCIDENT JAGUAR DRIVE/PASEO DEL SOL		CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00																			
OFFENSE		OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING															
		1 WARRANT ARREST				SFPD1234		N		C		90Z		NO		NO		YES						13				NO NO NO													
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES				V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES				INJURY CODES				ETHNIC CODES				A-ASIAN/ORIENTAL				W-WHITE													
		G-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED				C-CITIZEN S-SUSPECT A-ARRESTED		D-DECEASED M-MISSING PERSON/ RUNAWAY				I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.				P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB				O-OTHER U-UNKNOWN				B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN				C-CHINESE J-JAPANESE O-OTHER U-UNKNOWN	
		PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																																	
		A		I		N		ALCAZAR																																	
								ANGELICA																																	
								MARIE																																	
		STREET ADDRESS				APT. NO.				CITY				CTY.				STATE		ZIP																					
		28 CAMINO DE JACOBO								SANTA FE				01				NM		87507																					
		RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX		RACE																			
		(505) 204-1733																		F		WHT BLK ASIA IND UNK																			
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.																	
5' 02"		100 LBS				BRO																																			
PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																																			
STREET ADDRESS				APT. NO.				CITY				CTY.				STATE		ZIP																							
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX		RACE																					
																				WHT BLK ASIA IND UNK																					
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.																	
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																			
13		77		MISC PROPERTY																																					
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																							
		4				CELL PHONE, CHARGER, KNIFE, KEY CHAIN								09/03/15																											
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																			
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																							
YEAR		MAKE		MODEL				BODY STYLE				LICENSE NO.				LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																			
VALUE / DAMAGE EST.																																									
SYNOPSIS		ON THURSDAY, SEPTEMBER 3, 2015 ANGELICA ALCAZAR WAS ARREST ON DISTRICT CHILDRENS COURT BENCH WARRANT D0101JR201400142, SIGNED BY JUDGE MARY MARLOW-SOMMER, NO BOND. MS. ALCAZAR WAS TRANSPORTED TO JDC, WHERE SHE WAS BOOKED ACCORDINGLY. MS. ALCAZAR'S PROPERTY WAS PLACED INTO EVIDENCE AT THE SANTA FE POLICE DEPARTMENT. RAPHAEL ALCAZAR WAS NOTIFIED OF HER ARREST.																																							
CERT./STATUS		"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."				YES NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE				X				DATE																					
		REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																							
		RAMIREZ, ERIK				DETEC		6232		09/08/2015																															
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON																							
APPROVING OFFICER (PRINT)		RANK		I.D. NO.		DATE		INCIDENT STATUS				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE				DATE																							
								ACTIVE INACT. CLOSED U.F. CL.A. CLE.																																	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																	
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)		CASES CLEARED BY THIS ARREST																		CASE NO.				CASE NO.																	
JPO																																									

OCCURRENCE DATE(S)			DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 14-014381		STN# 04		PRIMAR YES																					
ON		OR		BETWEEN		MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 14-014381		BURGLAR FORCE YES <input type="checkbox"/> NO <input type="checkbox"/>		NO. OF UNITS ENT.														
TIME 16:00		DAY OF WEEK THU		TIME 16:30		DAY OF WEEK THU		TIME 16:00		DAY OF WEEK THU		ADDRESS / LOCATION OF INCIDENT JAGUAR DRIVE/PASEO DEL SOL				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00												
OFFENSE	OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING									
	1 WARRANT ARREST						SFPD1234		N		C		90Z		NO		NO		YES				13				NO		NO		NO					
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED						V-VICTIM C-CITIED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE I-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE O-OTHER U-UNKNOWN					
	PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) ZACHARY MONTOYA																													
	A						I						N																							
	STREET ADDRESS						APT. NO.						CITY						CTY.		STATE		ZIP													
	36 A EMILIA ROAD												SANTA FE						01		NM		87507													
	RES. PHONE						BUS. PHONE						SOCIAL SECURITY NO.						DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK											
	5' 04"						105 LBS						BRO		BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.			
	PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																													
	STREET ADDRESS						APT. NO.						CITY						CTY.		STATE		ZIP													
	RES. PHONE						BUS. PHONE						SOCIAL SECURITY NO.						DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK											
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																						
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																				
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																						
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																				
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																				
VALUE / DAMAGE EST.																																				
SYNOPSIS	ON THURSDAY, SEPTEMBER 3, 2015 ZACHARY MONTOYA WAS ARRESTED ON DISTRICT CHILDRENS COURT BENCH WARRANT D0101JR201500051, SIGNED BY JUDGE MARY MARLOW-SOMMER, NO BOND. MR. MONTOYA WAS TRANSPORTED TO JDC WHERE HE WAS BOOKED ACCORDINGLY. MR. MONTOYA'S MOTHER ANGELA MONTOYA WAS NOTIFIED OF HIS ARREST AND TRANSPORTED TWO BICYCLES FROM THE SCENE.																																			
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."						YES <input type="checkbox"/>		NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."						COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X						DATE													
	REPORTING OFFICER (PRINT) RAMIREZ, ERIK						RANK DETEC		I.D. NO. 6232		DATE 09/08/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO						I.D. NO.		DATE															
	ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY						DATE		DATA ENTRY PERSON															
	APPROVING OFFICER (PRINT)						RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL. <input checked="" type="checkbox"/> GLE <input type="checkbox"/>						EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE						DATE									
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) JPO						CASES CLEARED BY THIS ARREST CASE NO.						CASE NO.						CASE NO.																	

OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET								ORI NO. NM0260100		INCIDENT NO. 15-013335		STN# 06		PRIMAR NO																																																																									
ON		OR		BETWEEN																																																																																											
MM/DD/YY 09/08/2015		MM/DD/YY 09/08/2015		MM/DD/YY 09/08/2015		AGENCY SANTA FE PD								GEOGR. CODE 01075		CASE NUMBER 15-013335		BURGLAR FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO. OF UNITS ENT.																																																																											
TIME 00:31		DAY OF WEEK TUE		TIME 00:31		DAY OF WEEK TUE		TIME 00:31		DAY OF WEEK TUE		ADDRESS / LOCATION OF INCIDENT 1408 HICKOX STREET								CITY SANTA FE		CTY. 01		ZIP 87501		GANG REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HATE / BIAS MOT. CODE																																																																			
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.	ATTEMPTED/ COMPLETED	UCR OFFENSE CODE	DOM. VIOL.	SEX CRIME?	CHILD	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE			OFFENDER(S) SUSPECTED OF USING																																																																												
						WARRANT SERVICE		SFPD-03	N	C	90Z	NO	NO	NO				25	01	01	01	YES	NO	NO																																																																							
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED						V-VICTIM C-CITED S-SUSPECT A-ARRESTED	W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY	O-OTHER	TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB	O-OTHER U-UNKNOWN	INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH	U-UNCONSCIOUSNESS N-NONE	ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE	W-WHITE O-OTHER U-UNKNOWN																																																																											
PERSON CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) BACA DOMINIC A																																																																																									
STREET ADDRESS 4760 VISTA DEL SOL						APT. NO.		CITY SANTA FE						CTY. 01		STATE NM		ZIP 87505-0000																																																																													
RES. PHONE (505) 469-2898						BUS. PHONE (505) 469-2898		SOCIAL SECURITY NO.		DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK																																																																															
HEIGHT 5' 09"		WEIGHT 145 LBS		HAIR BLK		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																																																																							
PERSON CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) BACA DOMINIC A																																																																																									
STREET ADDRESS 4760 VISTA DEL SOL						APT. NO.		CITY SANTA FE						CTY. 01		STATE NM		ZIP 87505-0000																																																																													
RES. PHONE (505) 469-2898						BUS. PHONE (505) 469-2898		SOCIAL SECURITY NO.		DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK																																																																															
HEIGHT 5' 09"		WEIGHT 145 LBS		HAIR BLK		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																																																																							
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																																																																																	
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																																																																																			
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																																																																																	
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																																																																																			
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																																																																															
VALUE / DAMAGE EST.																																																																																															
SYNOPSIS ON TUESDAY, SEPTEMBER 8TH I WAS DISPATCHED TO 1804 HICKOX STREET TO ASSIST ANOTHER OFFICER. PASSENGER OF THE VEHICLE MR. DOMINIC BACA HAD WARRANT FOR FAILURE TO PAY FINES OUT OF MUNICIPAL COURT. WARRANT WAS SIGNED BY JUDGE ANN YALMAN. WARRANT #PR-2015-0000105. MR. BACA HAD \$138.00 CASH INSIDE HIS WALLET WHICH WAS COUNTED IN FRONT OF HIM. MR. BACA WAS TRANSPORTED TO ADULT DETENTION CENTER WHERE HE WAS BOOKED ACCORDINGLY, WITH BOND SET AT \$150.00.																																																																																															
CERT./STATUS <table border="1"><tr><td colspan="2">"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."</td><td>YES</td><td>NO</td><td colspan="2">"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."</td><td colspan="2">COMPLAINANT / VICTIM CERTIFICATION SIGNATURE</td><td colspan="2">X</td><td colspan="2">DATE</td></tr><tr><td colspan="4">REPORTING OFFICER (PRINT) LAMOREUX, CHRIS</td><td>RANK POI</td><td>I.D. NO. 6242</td><td colspan="2">DATE 09/08/2015</td><td colspan="4">DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO</td><td>I.D. NO.</td><td>DATE</td></tr><tr><td colspan="4">ASSISTING OFFICER (PRINT)</td><td>RANK</td><td>I.D. NO.</td><td colspan="2">DATE</td><td colspan="2">PROCESSED BY</td><td>DATE</td><td colspan="2">DATA ENTRY PERSON</td><td>DATE</td></tr><tr><td colspan="4">APPROVING OFFICER (PRINT)</td><td>RANK</td><td>I.D. NO.</td><td colspan="2">DATE</td><td colspan="2">INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT. <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> CL.E. <input type="checkbox"/></td><td>EXCEPT CODE N</td><td colspan="2">A-DEATH OF OFFENDER DECLINED C-EXTRADITION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE</td><td>DATE 09/08/2015</td></tr><tr><td colspan="8">AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)</td><td colspan="2">CASES CLEARED BY THIS ARREST</td><td colspan="2">CASE NO.</td><td colspan="2">CASE NO.</td><td colspan="2">CASE NO.</td></tr></table>																										"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES	NO	"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE		REPORTING OFFICER (PRINT) LAMOREUX, CHRIS				RANK POI	I.D. NO. 6242	DATE 09/08/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.	DATE	ASSISTING OFFICER (PRINT)				RANK	I.D. NO.	DATE		PROCESSED BY		DATE	DATA ENTRY PERSON		DATE	APPROVING OFFICER (PRINT)				RANK	I.D. NO.	DATE		INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT. <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> CL.E. <input type="checkbox"/>		EXCEPT CODE N	A-DEATH OF OFFENDER DECLINED C-EXTRADITION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE		DATE 09/08/2015	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)								CASES CLEARED BY THIS ARREST		CASE NO.		CASE NO.		CASE NO.	
"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES	NO	"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																																																																																					
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OCCURRENCE DATE(S)			DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 12-013142		STN# 04		PRIMAR YES															
ON OR BETWEEN						AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 12-013142		BURGLAR FORCE NO F.		NO. OF UNITS ENT.														
MM/DD/YY 09/03/2015		MM/DD/YY 09/03/2015		MM/DD/YY 09/03/2015		ADDRESS / LOCATION OF INCIDENT 28 CAMINO JUSTICIA				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO		HATE / BIAS MOT. CODE												
TIME 17:15		DAY OF WEEK THU		TIME 17:15		DAY OF WEEK THU		TIME 17:15		DAY OF WEEK THU		ADDRESS / LOCATION OF INCIDENT 28 CAMINO JUSTICIA		CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO		HATE / BIAS MOT. CODE								
OFFENSE		OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING				
		1 WARRANT ARREST				NONE		N		C		90Z		NO		NO		NO										ALCOH. DRUG COMP.		
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES				V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE						
		G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED				C-CITED S-SUSPECT A-ARRESTED		D-DECEASED M-MISSING PERSON/ RUNAWAY				I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		U-UNKNOWN		B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN		C-CHINESE J-JAPANESE		O-OTHER U-UNKNOWN		
		PERSON CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) ANGELA CAROLYN																						
		STREET ADDRESS 946 RANCHO VISTA				APT. NO.		CITY ESPANOLA				CTY. 17		STATE NM		ZIP 87532		RACE WHT BLK ASIA IND UNK												
		RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX F												
HEIGHT 5' 06"		WEIGHT 174 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.						
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) ANGELA CAROLYN																						
		STREET ADDRESS 946 RANCHO VISTA				APT. NO.		CITY ESPANOLA				CTY. 17		STATE NM		ZIP 87532		RACE WHT BLK ASIA IND UNK												
		RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX F												
		HEIGHT 5' 06"		WEIGHT 174 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.				
		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE														
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR														
VALUE / DAMAGE EST.																														
SYNOPSIS		ON THE ABOVE DATE AND TIME ANGELA MARTINEZ WAS SERVED WITH WARRANT #D-0101-CR-201200640 FOR FAILURE TO COMPLY WITH PROBATION. NO BOND.																												
CERT./STATUS		"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."				YES NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE				X		DATE												
		REPORTING OFFICER (PRINT) BREWER, ELIZABETH				RANK DETEC		I.D. NO. 6407		DATE 09/03/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE												
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE												
		APPROVING OFFICER (PRINT) M MARTINEZ				RANK SGT		I.D. NO. 3287		DATE 09/03/2015		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE.				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRACTION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE												
		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) DA												CASES CLEARED BY THIS ARREST CASE NO.				CASE NO.				CASE NO.								

OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET							ORI NO. NM0260100		INCIDENT NO. 15-013108		STN# 04		PRIMAR YES																																						
ON		OR		BETWEEN																																																							
MM/DD/YY 09/03/2015		MM/DD/YY 09/03/2015		MM/DD/YY 09/03/2015		AGENCY SANTA FE PD							GEOGR. CODE 01075		CASE NUMBER 15-013108		BURGLAR FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO F.		NO. OF UNITS ENT.																																								
TIME 17:15		DAY OF WEEK THU		TIME 17:15		DAY OF WEEK THU		TIME 17:15		DAY OF WEEK THU		ADDRESS / LOCATION OF INCIDENT 28 CAMINO JUSTICIA							CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HATE / BIAS MOT. CODE																																
OFFENSE / INCIDENT																												STATUTE OR ORDINANCE			FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING										
1 WARRANT ARREST																												NONE			N		C		90Z		NO		NO		NO								UNK		UNK		UNK						
PERSON CODES																												V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE													
G-PARENT/GUARDIAN																												C-CITED		D-DECEASED		I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-BLACK		B-BLACK		B-HISPANIC/MEXICAN		C-CHINESE		O-OTHER													
R-REPORTING PERSON																												S-SUSPECT		M-MISSING PERSON/RUNAWAY		B-BUSINESS		R-RELIGIOUS		I-POSSIBLE INTERNAL INJURY		M-APPARENT MINOR INJURY		U-UNCONSCIOUSNESS		H-HISpanic/Mexican		J-JAPANESE		U-UNKNOWN													
I-INTERVIEWED																												A-ARRESTED				F-FINANCIAL INST.		S-SOCIETY/PUB		L-SEVERE LACERATION		O-OTHER MAJOR INJURY		N-NONE		I-AMERICAN INDIAN/NATIVE AMERICAN																	
PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) A I N KAPANSKI ANTHONY																																																					
STREET ADDRESS 2903 SAN MATEO										APT. NO.		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87505																																	
RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB					AGE		SEX M		RACE WHT BLK ASIA IND UNK																																			
HEIGHT 5' 09"		WEIGHT 140 LBS		HAIR BRO		EYES BLU		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																																			
PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																																																					
STREET ADDRESS										APT. NO.		CITY										CTY.		STATE		ZIP																																	
RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB					AGE		SEX		RACE WHT BLK ASIA IND UNK																																			
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																																			
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																																					
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)								SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																																					
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																																					
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)								SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																																					
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.				LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																																			
VALUE / DAMAGE EST.																																																											
ON THE ABOVE DATE AND TIME MR. KAPANSKI WAS SERVED WARRANT #D-0101-CR-201300136 FROM FIRST JUDICIAL COURT. NO BOND.																																																											
SYNOPSIS																																																											
CERT./STATUS																																																											
"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."																												YES		NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."																											
COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X																																DATE																											
REPORTING OFFICER (PRINT) BREWER, ELIZABETH																												RANK DETEC		I.D. NO. 6407		DATE 09/03/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO										I.D. NO.				DATE											
ASSISTING OFFICER (PRINT)																												RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON								DATE											
APPROVING OFFICER (PRINT) M MARTINEZ																												RANK SGT		I.D. NO. 3287		DATE 09/03/2015		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>										EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE								DATE					
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)																												CASES CLEARED BY THIS ARREST CASE NO.										CASE NO.										CASE NO.											